Cabinet for Health and Family Services
Office of Health Policy
Data Advisory Subcommittee
Thursday, September 17, 2009
1:00 PM – 3 PM
CHFS Auditorium

Agenda

   I. Welcome and Opening Remarks

  II. Approval of Minutes (March 19, 2009)

 III. Preview Updated Transparency Web Site

  IV. Discussion of CPT Codes

   V. Discuss Collection of Race/Ethnicity from Free Standing Ambulatory Facilities

  VI. 900 KAR 7:030 - Data Reporting Regulation - Upcoming Changes

 VII. Proposal for next Data Collection Contract with KHA

VIII. Adjourn

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MEMBERS PRESENT:

James Berton	Hope Barrett (on behalf of	Sherill Cronin, Ph.D.
King's Daughters Medical Center	Louis Kurtz)	Bellarmine University
	Dept. for Mental Health,	
	Developmental Disabilites,	
	and Addiction Services	
Ron Crouch	Dr. John Lewis	Tim Marcum
University of Louisville Data Center	Health Care Excel	Baptist Hospital East
Paul Sinkhorn	Chuck Warnick	Ben Yandell
Jewish Hospital	Kentucky Hospital	Norton Healthcare
	Association	

MEMBERS ABSENT:

Carol Ireson	Louis Kurtz
UK College of Public Health	Dept. for Mental Health,
	Developmental Disabilities,
	and Addiction Services

STAFF: CHFS, Department for Public Health
              Charles Kendell

              CHFS, Office of Health Policy

Carrie Banahan	Kris Hayslett	Sheena Lewis
Allison Martinez	Beth Morris	Chandra Venettozzi

GUESTS: Voin Barker, Office of Insurance
              Mike Singleton, Kentucky Injury Prevention and Research Center
              Sarah Walsh, University of Louisville Data Center

CALL TO ORDER

Charlie Kendell called the meeting to order in the newly renovated CHFS Auditorium, Frankfort.

WELCOME AND INTRODUCTIONS

Charlie welcomed the committee and guests.

APPROVAL OF MINUTES

Minutes from the meeting of December 15, 2008, were approved as distributed.

UPDATE ON SECRETARY'S ADVISORY COMMITTEE ON TRANSPARENCY

Carrie Banahan, Executive Director, Office of Health Policy provided an update on the Secretary's Advisory Committee on Health Care Transparency, which last met on February 2, 2009. Patient Safety Indicators were discussed during the meeting with the possibility of revisiting those with the Data Advisory Subcommittee. Emergency Department data was also discussed during that meeting. Reports were specifically requested for flu data as well as different payor sources and the usage of the Emergency Rooms for primary care. Chandra Venettozzi will have those reports ready for the next meeting of the Secretary's Advisory Committee on Transparency on April 28. An update was provided on the status of Ambulatory Surgical Centers and the Ambulatory Care Clinics reporting data.

NEW IQI WEBSITE DEBUT

Allison Martinez provided an overview of the Inpatient Quality Indicator (IQI) website. The website is more user-friendly and interactive. Data can now be accessed by county code and Area Development District (ADD). Paul Sinkhorn asked if the information was being used by other agencies. Chandra replied that the data has been shared with Medicaid in order to create initiatives related to low birth weight babies. Analysis of pneumonia data has also been done for Secretary Miller.

Patient Safety Indicators (PSI) will be researched before the next meeting and examples of what other states are doing with these will be made available to the group.

900 KAR 7:030 – DATA REPORTING

The data regulation has been moved from the 902 series to the 900 series which means that the regulation is no longer governed by Public Health but is a new regulation. The regulation with the proposed changes was forwarded to the Subcommittee prior to the meeting. Most of the changes in the regulation were geared around creating a separate reporting mechanism for ambulatory facilities in addition to hospitals because the ambulatory facilities do not gather all of the data elements that hospitals are required to report. The other two major changes were that the 100% compliance rate has been adjusted to 99% and a closer look was taken at fines for non-compliance. Currently, the Cabinet can only fine $500 for each violation. A violation is now defined as a day of non-compliance as

opposed to an incident of non-compliance. Chandra presumed that a facility will first be notified that they are non-compliant and would be given a date to become compliant. Every day after that date, they would be considered non-compliant if they had not submitted data. Agencies can request extensions, if needed.

Chuck Warnick stated that there are still issues with COMPData. That is something that the KHA Data Committee will be addressing. The contract with COMPData expires July 1st, 2010. This will give ample time to decide whether or not to continue working with them or choose another vendor. Chuck explained that a factor in working with another vendor would be to ensure that hospitals do not have to go through another format change. Changing formats, such as from the UB92 to the 837 format, would be devastating. Chandra stated that any change would not only affect hospitals but also the ambulatory facilities which will begin reporting their data in a test environment on April 15.

EMERGENCY DEPARTMENT PRELIMINARY REPORT

As requested during the previous meeting, Chandra created a report based on Emergency Department Utilization data. She stated that these are raw numbers. Ben Yandell asked what audience we are trying to reach with this data and what are the next steps. Chandra responded that the intent for this particular report was the share with members of the Subcommittee and Secretary's Advisory Committee on Transparency. She also stated that once a year's worth of data has been obtained, she would like the reports to be posted on the Cabinet website.

Tim Marcum stated that he would like to see relationships between the data and what percent each of the categories is of the whole. He also asked that the codes accompany the words in the report. Another suggestion was adding another column containing the population rate. Tim also requested the percentage of all ER patients who were admitted to a hospital. Ben said that it would be helpful to describe the data source itself.

The grant to collect ED data was originally for 18 months worth of data. Mike Singleton has been meeting with the Transportation Department and has applied to a couple of sources for grant money next year. KIPRC will receive notification from the Department of Transportation by mid-April if their request from the first grant was approved. If that is not approved, they may apply for a grant from the Department of Transportation using a different grant source. If that also is not approved, The Cabinet will seek sources of funding.

Chandra asked that the Subcommittee read through the ED report and provide suggestions as to what they would like to see done with the data.

OTHER BUSINESS

Carrie Banahan provided information on possible stimulus money that the Cabinet might be receiving. She stated that the Office of Health Policy is looking into applying for state grant funds for their Certificate of Need program in order to scan in the information and make the process available online.

Ron Crouch shared information on the number of births to unwed mothers in Kentucky from 1970 – 2005.

Charlie announced that the position of Director for the Division of Women's Health in Public Health has been filled by Dr. Connie White, a retired OB/GYN physician. The original legislation creating the Data Advisory Cubommittee called for a representative from the Office of Women's Health to be on the Committee. Charlie has already met with Dr. White and has discussed the data issue with her. Someone from that office will be joining the Subcommittee.

ADJOURN

The meeting was adjourned at 2:32 p.m.

Outpatient Data Elements Specs (Cont.)

❖ **Outpatient Surgical and Mammogram** data are to be reported according to Medicare definition, as those procedures that include incision, excision, amputation, introduction, repair, destruction, endoscopy, suture, or manipulation. This definition is consistent with the Uniform Hospital Discharge Data Set (UHDDS).

- The UB bill types for original outpatient submission will be 131, 431, 851, 731, and 831. Bill type 731 is for a freestanding outpatient clinic.
- IHA/COMPdata has included a specific range of CPT procedure codes that are accepted on the new file formats for outpatient surgical services for inclusion in our database. A patient record must contain one of the following procedure codes to qualify for inclusion in our outpatient surgical database.
- The former Outpatient Surgical (OS) range is now to be divided into OS for true surgical procedures, including Emerging Technology codes, and Other Procedures (OP) for invasive types of procedures.
- *Category II and Category III codes will be evaluated quarterly for possible new procedures reflecting changes in CMS coding requirements and new technology. Actual submission requirements may be updated each January and July based on the results of the quarterly review.

Effective 01/01/09:

CPT Category I Codes		CPT Category III Codes (Emerging Technology)
Surgical Procedures		0016T – 0017T
10021-36410	59030	0019T
36416-59020	59070-69990	0048T
Other Outpatient Procedures		0050T – 0055T
70336	75635	0062T – 0063T
70450-70498	76376-76380	0071T – 0072T
70540-70599	76390	0075T – 0081T
71250-71275	76497	0084T
71550-71555	76498	0092T
72125-72133	77401-77416	0095T
72141-72159	77418	0098T – 0102T
72191-72198	77422-77423	0123T – 0124T
72285	77432	0126T
72292	77470	0135T
73200-73206	77520-77525	0141T – 0143T
73218-73225	78459	0155 – 0158T
73700-73706	78491-78492	0163T – 0172T
73718-73725	78608-78609	0176T – 0177T
74150-74175	78811-78816	0181T
74181-74185	92970-92998	0184T
75557-75564	93501-93652	0186T
		0190T – 0193T
		0195T – 0196T
CPT Mammogram Codes		
77051	77052	77053
77054	77055	77056
77057	77058	77059
77031	77032	

❖ **Venipuncture and Fetal Monitoring Codes** should NOT be submitted if they are the only procedure on the patient record. They have been removed from the Outpatient Surgical Range, and will only be captured if reported in conjunction with other qualifying criteria for OS, ED, or OC.

Procedure Type	CPT-4 Codes
Fetal Monitoring	59025, 59050, 59051
Venipuncture	36415